

## Teen Programs Permission Slip & Medical Release

Ι, _	, allow my child,, to
_	
partic	sipate in the
offere	(program name / date and time) ed by <b>Redmond Parks &amp; Recreation Department Teen Programs</b> . I understand the risks
invol	ved with these activities, specifically the risk of bodily injury. Transportation to and from this
locati	on will be provided in City vehicles driven by City staff. In the event of an injury to my child, I
hereb	by release and agree not to hold the City of Redmond or any of the City's employees, officers or
volun	teers liable in any way. I also agree to indemnify, defend, and hold the City, its officers,
empl	byees and volunteers harmless from any and all claims for injuries sustained by my child, brought
by or	on my child's behalf.
I und	erstand that the success of this program depends on the cooperation of its participants. My child
will tr	eat the other youth and the staff with courtesy and respect. I acknowledge that repeat problems
with t	he behavior of my child will result in my being called to remove him/her from the program.
Signe	ed:Date:
	Medical Release
Shou	ld an emergency occur, for which I cannot be contacted, I will allow my child to be treated by
Redn	nond Parks and Recreation staff, a hospital, physician, or other certified medical personnel in the
even	t of injury, accident, or illness.
Pleas	se list any special concerns about your child below, including behavioral concerns, medications,
allerg	ies, physical limitations, etc.:
Signe	ed: Date:
J.g. K	
Pare	nt/Guardian phone number:
Eme	gency contact name and phone number:

Please return to Nancy Chang. Email form to: <a href="mailto:nchang@redmond.gov">nchang@redmond.gov</a>, or drop-off: 16600 NE 80<sup>th</sup> ST, Redmond, WA 98052 Mail: PO Box 97010, Redmond WA 98073-9720.

Fax: 425.556.2363 Questions: 425.556.2358